



SBCC STRATEGY

Educating | Enabling | Empowering

Table of Contents

ACKNOWLEDGEMENT.....	3
ACRONYMS	4
CHAPTER 1: INTRODUCTION	5
CHAPTER 2: SITUATION ANALYSIS.....	6
BASELINE SURVEY.....	7
BENEFICIARY SEGMENTATION ANALYSIS.....	8
MOBILE LANDSCAPE STUDY	9
CHAPTER 3: TARGET AUDIENCE PROFILE AND BEHAVIOUR ANALYSIS	12
PRIORITY AUDIENCES	12
INFLUENCING AUDIENCES	15
CHAPTER 4: SBCC STRATEGY DESIGN	17
THEORETICAL FRAMEWORK.....	17
CONCEPTUAL FRAMEWORK FOR YUVAA SBCC STRATEGY.....	17
PRIORITY BEHAVIOURS.....	18
OPERATIONAL FRAMEWORK FOR YUVAA SBCC STRATEGY	20
CHAPTER 5: MESSAGE DESIGN	21
CHAPTER 6: CREATIVE STRATEGY	24
OVERARCHING COMMUNICATION THEME	24
OPERATIONALIZING <i>SAFAL COUPLE</i> THEME	24
CHAPTER 7: IMPLEMENTATION FRAMEWORK	26
SBCC CHANNELS AND INTERVENTION DESIGN.....	26
CREATING BRAND EQUITY FOR <i>SAFAL COUPLE</i> AND <i>YUVAKAARS</i>	26
INTERPERSONAL COMMUNICATION AND COUNSELING (<i>IPC/C</i>).....	26
COMMUNITY MOBILIZATION.....	27
DIGITAL MEDIA.....	29
ADVOCACY WITH SERVICE PROVIDERS.....	32
APPROACH TO CONTENT DEVELOPMENT	33
IMPACT OF COVID-19 ON YUVAA SBCC STRATEGY	33
PROGRAM PARTNERS AND RESPONSIBILITIES	35
CHAPTER 8: MONITORING, EVALUATION AND LEARNING PLAN.....	36
YUVAA MEL FRAMEWORK	36
LEARNING AND EVALUATION PLAN.....	37

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Acronyms

ASHA	Accredited Social Health Activist
CMW	Currently Married Women
FLW	Frontline Worker
FP	Family Planning
FTP	First Time Parents
IMR	Infant Mortality Rate
IO	Intermediary Objectives
IPC/C	Interpersonal communication/counseling
IUCD	Intrauterine Contraceptive Device
LARC	Long Acting Reversible Contraceptives
mCPR	Modern Contraceptive Prevalence Rate
MMR	Maternal Mortality Rate
NFHS	National Family Health Survey
OCP	Oral Contraceptive Pill
PO	Primary Objectives
RH	Reproductive Health
SARC	Short Acting Reversible Contraceptives
SBCC	Social and Behaviour Change Communication
YC	Yuvaakaar
YMC	Young Married Couples
YUVAA	Youth Voices for Agency and Access

Chapter 1: Introduction

Pathfinder International is implementing YUVAA (Youth Voices for Agency and Access) project with an aim to scale approaches to increase use of modern Short Acting Reversible Contraceptives (SARC) and Long Acting Reversible Contraceptives (LARC) methods amongst Young Married Couples (YMCs) and First-time Parents (FTPs) in India to delay first pregnancy and space subsequent pregnancies. The project focuses on increasing access to youth friendly family planning services, generate demand for modern spacing methods by addressing personal barriers to adoption and shift social and gender norms to create an enabling environment to facilitate modern contraceptive adoption. YUVAA is being implemented in ten districts of Gaya, Patna, Muzaffarpur, Vaishali and Nalanda in Bihar and, Satara, Sangli, Ahmednagar, Solapur and Kolhapur in Maharashtra. The project aims to reach 1.2 million YMCs and FTPs during the project period July 2018- June 2022 in Bihar and Maharashtra through its interventions.

The YUVAA theory of change is guided by Supply–Enabling Environment–Demand (SEED) Programming Model¹. The SEED model recognizes interdependence of availability of quality services, demand for services and an enabling environment to facilitate easy access and uptake of services by beneficiaries. At the core of YUVAA program design is a cadre of Yuvaakaars (YCs) or social entrepreneurs who play a pivotal role in actualizing the SEED model on-ground. The YCs provide need-based family planning counseling to young couples, conduct community-based group meetings to address social and gender norms, provide OTC contraceptives and referrals to connect beneficiaries with youth friendly service providers.

FP/HTSP is a complex health behaviour which is guided by personal factors, couple dynamics, social and gender norms prescribed by the household and environmental factors. It is critical to address barriers to FP/HTSP at individual, household, environmental and institutional level for successful adoption of the desired behaviour. The SEED model thus guides the YUVAA Social and Behaviour Change Communication (SBCC) strategy which focusses on:

- Building agency, fostering positive attitude and salience for FP/HTSP and enabling empowered decision making by young couples by addressing their persuasion and information needs thereby generating demand for services
- Addressing social and gender norms at household and community level to create an enabling environment
- Home based counseling by YCs to provide easy access to FP services

The scope of this document is to present YUVAA SBCC strategy, operational framework and implementation framework deployed to achieve YUVAA’s goals of generating demand for FP/HTSP, providing easy access to quality FP counseling and services by addressing supply-side behaviour change challenges and providing an enabling environment to support YMCs and FTPs reproductive rights.

¹ Supply–Enabling Environment–Demand (SEED)TM Programming Model [<https://www.engenderhealth.org/our-work/seed/index/>] Accessed 2 March 2019.

Chapter 2: Situation Analysis

India has made consistent efforts at promoting family planning and use of modern contraceptives. This has resulted in 47.8% of currently married women (age 15-49) using a modern contraceptive method². However, female sterilization continues to be the primary method of choice even though nearly half of unmet need is for spacing methods. Uptake of Short Acting Reversible Contraceptives (SARC) and Long Acting Reversible Contraceptives (LARC) remains poor due to various cultural and environmental factors. Bihar lags national average with modern contraceptive prevalence rate (mCPR) at only 23.3% and a higher unmet need for FP among CMW at 21.2%. Maharashtra with 62.6% mCPR is higher than the national average but use of modern spacing methods at 11.1% follows the national trend of a skew towards limiting methods.

More than two-fifths of women aged 20-24 years were married before the legal age of 18 years and about 30% of married adolescents (15-19 years) were mothers. Even though majority of unmet need for delay and spacing is experienced by married adolescents (15-19 years) and young married couples (20-24 years); lack of agency, underlying social and gender norms and fear of losing household and societal support compromise their ability to set and negotiate their fertility intentions with their spouses, and household influencers. Young men and women have myths, misconception about modern contraceptives and lack access to correct and credible information. Young men often do not participate in FP decisions. Young women experience limited mobility, decision-making power, or access to quality information, leaving them with little space to choose a method or independently obtain SRH information and services.

Lack of access to youth friendly services available at health facilities and limited contraceptive choices available to YMC and FTP acts as a major supply-side barrier. Provider bias or attitudes and behaviour by providers unnecessarily restricts access and choice for young couples. This may lead to use of less effective methods and higher risk of pregnancy. Only 12% female non-users in Bihar and 18.5% female non-users in Maharashtra were ever counseled by a health worker on family planning. Additionally, only 34.4% of users in Bihar and 36.3% of current users in Maharashtra were ever told about side effects of current methods.

In the absence of access and availability of FP products and services, this population sub-group is vulnerable to mistimed and frequent pregnancies which is one of the major contributors to High Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in India. There is an urgent need to provide information and services to address the unmet need for SARC and LARC methods for young couples to enable them to achieve their fertility intentions.

- 35% CMW use female sterilization to limit family size
- Nearly 50% unmet need is for spacing methods among CMW
- 5.6 million unwanted or unplanned pregnancies in 2005-06
- 30% married adolescents (15-19 years) were mothers
- 27% unmet need among married adolescents, 25% for spacing methods

² National Family Health Survey (NFHS) – 4, 2015-16

YUVAA has deployed evidence driven SBCC strategy to increase uptake of modern SARC and LARC among YMCs and FTPs. The strategy is guided by a mix of primary and secondary studies conducted to understand prevailing FP/HTSP dynamics in the intervention areas:



Baseline survey to understand individual attitudes on family planning, prevailing gender and social norms on family planning and prevailing reproductive autonomy among the CMW in the intervention states.



Beneficiary segmentation analysis to identify distinct sub-groups of beneficiaries who differ in their FP needs, attitudes and behaviour and thereby have varying propensity to adopt desired behaviour



Mobile landscape study to understand the access to digital media and the nature of digital content accessed by the youth population in the intervention districts

Baseline Survey

The findings from baseline survey suggests high unmet need for delaying and spacing among YMCs and FTPs. There is a high prevalence of inter-spousal communication among couples on the desired family size and timing of pregnancies. However, the uptake of SARC and LARC remains low due to lack of interspousal communication on contraceptive use, and lack of awareness and comprehensive knowledge of reversible methods. Gender norms such as low acceptance of woman’s agency to initiate discussion on use of contraceptives and despite high prevalence of joint decision making, men being the final decision makers at least 25% of times act as a barrier to successful adoption. Perceived community norms relating to pressure to prove fertility, spacing second pregnancy, and fear of negative community perception

<p>Baseline Survey Key Findings: FP Behaviour</p>	<p>Current Use of FP</p> <ul style="list-style-type: none"> 22% CMWs in Maharashtra & only 5% CMWs report using a modern method in Bihar Approx. 30% of users were using a method for more than 12 months 57% in Maharashtra & 62% in Bihar intended to use a method in future 	<p>Salience to Use FP</p> <ul style="list-style-type: none"> Low uptake of SARC and LARC despite reasonable awareness of benefits HTSP 42% of CMWs reported unintended pregnancy Only 19% CMW in Bihar 13% in Maharashtra intended to use a method to delay or space
<p>Personal Agency</p> <ul style="list-style-type: none"> 87% CMWs reported alone or jointly decision making Only 13% CMW and 13% husbands believed that wives should initiate discussion on contraception More than 66% CMW reported freedom from coercion from husbands Nearly 25% husbands have the sole decision-making authority 	<p>Social & Gender Norms</p> <ul style="list-style-type: none"> 85% couples report discussing FP and desired family size but Relatively low prevalence of discussion on method, timing of method and whom to approach Approx. 70% respondents accept CMWs right to use contraception Half of the respondents report negative community perception to contraceptive use for delaying and spacing More than 50% respondents believe young married women should conceive soon after marriage 	<p>FP Knowledge & Skills</p> <ul style="list-style-type: none"> Near Universal awareness of female sterilization 50% awareness for SARC and LARC Low prevalence of awareness of all 5 SARC and LARC Very low prevalence of comprehensive understanding of SARC and LARC

demotivates young couples to seek and adopt a method. The low prevalence of SARCs and LARCs has resulted in high prevalence of unintended pregnancies.

The current source of information on FP varies per method for CMW and their husbands. On the whole, government health system – doctors, ASHA, AWW, ANW, etc., relatives, peer network, spouse and television were reported as major sources of information for CMW. The government doctors remain the most preferred source of information for husbands across both the states. The preference for source of information varies by geography. In Bihar, the CMWs prefer to receive FP information from the frontline health workers (FLWs) and their peer network. Whereas in Maharashtra the CMWs report government doctors as the most preferred source of information.

<p>Baseline Survey Key Findings: <i>Source of Information on FP</i></p>	<p>CMW</p> <ul style="list-style-type: none"> • Current source of information on FP was government health system, spouse, relatives and peer network • The source varied per method • CMW in Bihar preferred FLWs and peer network for information on FP • CMW in Maharashtra preferred government doctors 	<p>Husbands</p> <ul style="list-style-type: none"> • Relatives, friends, government health providers, pharmacy and television are the major sources of information • Government doctors were the most preferred source of information
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Television, posters, and newspapers are the most predominant sources of receiving FP related communication amongst CMWs and their husbands. Additionally, outreach by FLWs (ASHA / ANM / AWW) is the most predominant source of FP communication among the non-traditional media. Interestingly a high percentage of CMW and husbands report desire to receive FP related information on mobile phones and especially through interactive games. Almost 90% of CMW and their husbands express desire to share FP information with their spouse through interactive material on mobile phones.

<p>Baseline Survey Key Findings: <i>Exposure to FP Communication</i></p>	<p>CMW</p> <ul style="list-style-type: none"> • 45% reported TV the most prevalent source • Posters followed by newspapers were the second most reported source • 42% in Maharashtra and 20% in Bihar discussed FP with FLWs • Expressed desire to receive FP information on mobile phone and FP information with their spouse through interactive material 	<p>Husbands</p> <ul style="list-style-type: none"> • 47% reported TV the most prevalent source • Posters and newspapers were the second most reported source • 73% in Maharashtra and 51% in Bihar discussed FP with the FLWs • Expressed desire to receive FP information on mobile phone and FP information with their spouse through interactive material
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Beneficiary Segmentation Analysis conducted by Camber Collective

A segmentation study was conducted to identify the key psychographics segments among the YUVAA target groups, factors that influence their behaviour and their propensity to adopt desired behaviour. The analysis helped identify a set of distinct subgroups of men and women who differ in their FP needs, attitudes, and behaviours and therefore have varying relative propensities to change behaviour.

The five co-ed segments were based on attitudes, agency, norms, salience, FP knowledge and skills, and key influencers and categorized as *low*, *medium*, or *high* on these behaviour influencing parameters to ascertain propensity to change. Listed below are the five segments in ascending order of propensity to behaviour change:



Segment 1: Reserved / YUVAA misaligned

Happy with short spacing, has low use, knowledge, and comfort with discussing FP and is generally reserved and depends on others for approval



Segment 2: Isolated / Good intentions

Healthy spacing intentions but satisfied with short gaps, has lowest FP use, knowledge and openness to discussion, and lacks strong communication with partner



Segment 3: Social / YUVAA misaligned

Does not strongly believe in spacing but very open to discussing FP outside of family; only has limited experience using it or discussing with partner



Segment 4: Theory minus practice

Believes in spacing and has strong partner communication but has never used FP before and does not have particularly strong intention to use



Segment 5: YUVAA aligned

Believes in urgency of spacing children and seems knowledgeable about FP; also has a strong relationship and healthy communications dynamic with partner

The findings provide insights into varying persuasion and information needs of beneficiary depending upon their psychographic segment. This helps guide YUVAA's messaging strategy and media plan to reach its TG with need specific SBCC interventions.

Mobile Landscape Study

Mobile landscape study was conducted to understand access to digital media and the nature of digital content accessed by the youth population in the intervention districts. Findings from the study suggests youth (18-24 years) in Maharashtra has greater access to internet and mobile phone as compared to their counterparts in Bihar. Almost all internet usage is via a mobile phone in both the states. However, access to internet and mobile phone is highly gendered across both states with only 20% of internet users and mobile phone users are women.

Figure 2: Internet access and usage in Maharashtra

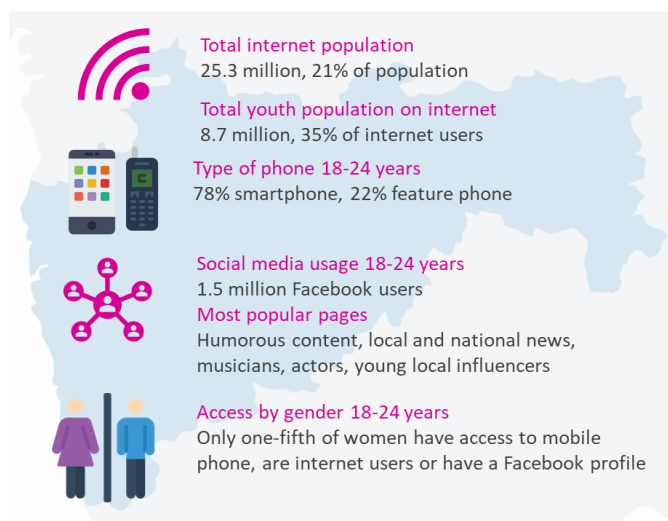
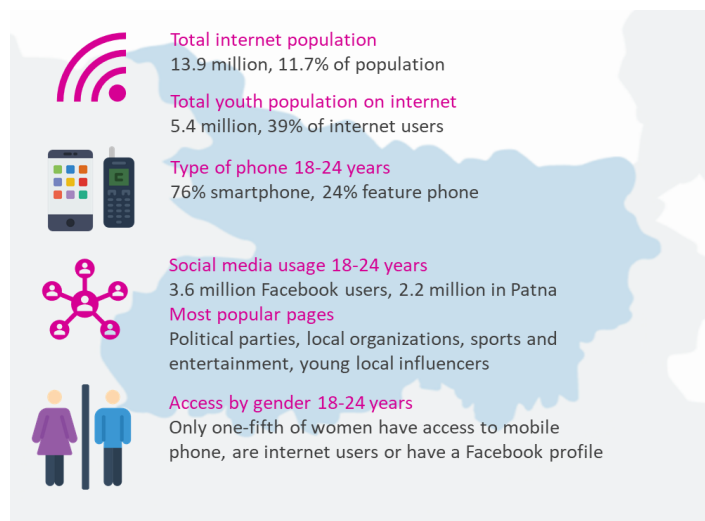
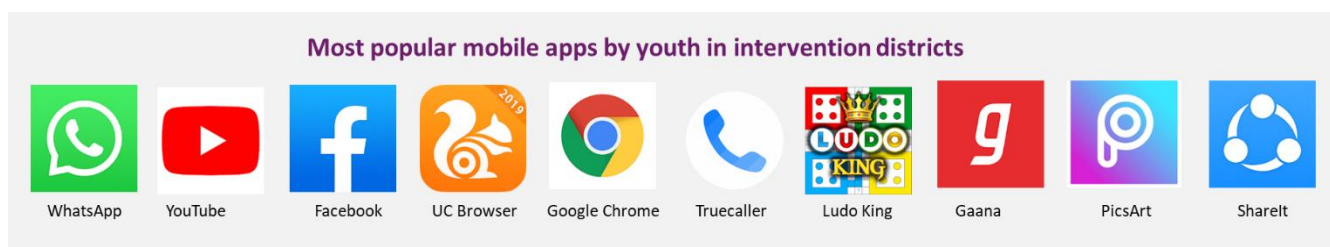


Figure 1: Internet access and usage in Bihar



Internet usage is heavily skewed towards Patna in Bihar among the five intervention districts, whereas the least number of internet users are found in Vaishali district. In Maharashtra, total number of internet users are at par across all five intervention districts. There are specific days and time slots in the day which witness a surge in online traffic. This varies a little by gender but was mostly consistent across both states.

Internet is primarily used as a source of entertainment and virtual self-projection by the target group. The most popular mobile applications used by the youth (18-24 years) in the 10 intervention districts are WhatsApp, YouTube, Facebook and Truecaller. Beyond these top four applications, divergent trends are observed which vary by locations and gender. The UC browser acts as a discovery platform where the user has access to local content in vernacular language. It also provides ready access to 'light' versions of the popular mobile applications. Music streaming, board games and tools such as selfie-editing applications consist of the top ten most used applications. Content sharing applications like SHAREit which enable users to share downloaded content with friends and peers are also popular.



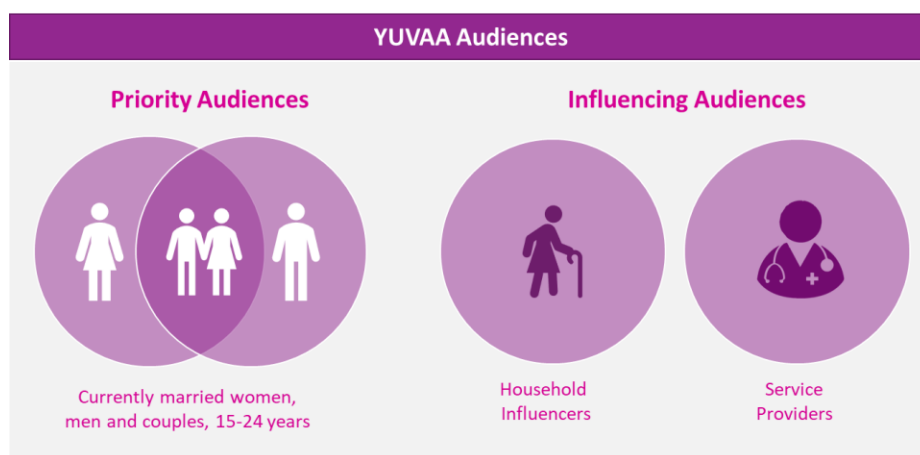
Majority of social media users in Bihar are from the capital city of Patna. Much like internet usage, access to social media is also gendered. Political parties, local organization, sports entertainment are the most followed pages. Users in four intervention districts (other than Patna) follow relatively younger social media influencers as compared to those in Patna. Beauty blogs and inspirational content related to love and relationships are the most popular among the women users. Maharashtra has about 1.5 million Facebook population in the intervention districts. The content usage pattern differs from Bihar as the most preferred pages are those with humorous content, local and national news, musicians and actors. Like Bihar, Maharashtra users also prefer following younger influencers and role models than the national

average. Content related to saris and gold jewelry, recipe blogs by women, beauty blogs and inspirational quotes are the most popular among women users.

The baseline survey, audience segmentation analysis and mobile landscape studies inform understanding of YUVAA's target audience, their information and persuasion needs, preferred sources of information and type of digital content consumed. This helps guide the overall SBCC strategy and the message design, content development and dissemination framework for YUVAA.

Chapter 3: Target Audience Profile and Behaviour Analysis

YUVAA aims to increase adoption of SARC/LARC methods by promoting FP/HTSP behaviours among the young couples between the age of 15-24 years. FP/HTSP is a complex behaviour which is determined by an interplay of individual level factors, couple dynamics, household influencers, social and gender norms, and access to youth friendly services. YUVAA SBCC strategy reaches out to both priority audiences who are expected to perform FP/HTSP behaviour and the influencing audiences who help create an enabling environment to support adoption of these behaviours.



YUVAA identifies young married women (P0 and P1) and their husbands as the set of priority audiences. The young couples often need to seek validation from household influencers, especially the mothers-in-law who continue to be the gatekeepers to their fertility decisions. YMCs and FTPs fertility choices are also influenced by service providers they interact with for seeking FP counseling and services. The household influencers and the service providers are identified as the influencing audiences.

Priority Audience

Currently married women (P0 and P1) in age group of 15-24 years and their husbands are recognized as the two sets of priority audiences for YUVAA SBCC strategy. The sub-group has been overlooked by SRH programs in India which are skewed towards limiting methods especially female sterilization. As part of YUVAA project, we look at currently married women and their husbands as individuals and couple dynamics to affect behaviour change at individual and inter-personal levels.

Currently Married Women, age 15-24 years, P0/P1

The widespread practice of early marriage and child marriage in India leads to adolescent pregnancies, mistimed and frequent pregnancies which are one of the leading causes of maternal and child mortality and morbidity. Young women lose out on their right to education, financial independence and right to reproductive and sexual health choices. This lack of education opportunity, early marriage and childbirth is reflective of a gendered society where women's roles are limited to the household and childbirth.

The fertility choices made during the pre-reproductive phase (YMC) and initiation of the reproductive phase (FTP) have a bearing on future reproductive choices and health outcomes for women and their

children. Discussed below are factors that limit their ability to express their fertility intentions, leaving them vulnerable to unplanned or unintended pregnancy:



Predisposing Factors

- Newly married adolescent and young girls lack agency and autonomy to make their own reproductive choices or negotiate contraceptive use with their spouses or household influencers
- Early marriage and gender conditioning hamper their ability to challenge perceived norms
- They lack comprehensive knowledge of contraceptive methods and self-efficacy to seek counseling, choose and adopt a contraceptive method
- There is a widespread fear of side effects, myths and misconceptions associated with modern contraceptive methods
- They have limited decision-making and purchase power



Reinforcing Factors

- Lack of inter-spousal communication on planned pregnancy and use of modern contraceptives
- The lack of mobility distances them from the health system and other sources of credible information
- They face immense pressure to prove fertility (YMCs) and to have a second child if their first born is a girl (FTPs)
- They fear negative community perception if they were to use modern contraceptives for delaying of spacing pregnancies



Enabling Factors

- Lack of access to youth friendly FP services and credible sources of information
- Limited availability and awareness of SARCs and LARCs
- SRH/FP programs have historically focused on limiting methods
- FLWs look for maximizing their incentives from female sterilization; thereby isolating YMCs from FP discussion and leading to low utilization of post-partum FP for FTPs

Currently Married Men, age 15-24 years, PO/P1

A sizeable population of men in Bihar and Maharashtra are married before the legal age of 21 years. Early marriage and parenthood limit adolescent and young boys' education and career opportunities leading to negative financial outcomes such as inadequate resources for themselves, their children and increase in health cost due adolescent, early or mistimed pregnancies. Discussed below are the factors that limit their role as active or constructive participants in FP/HTSP decisions or creating space for their partners to have greater control over their own fertility.



Predisposing Factors

- They are mentally and emotionally ill-equipped to strive for a gender-equitable relationship or create space for their spouse's agency and autonomy
- They themselves lack autonomy in the larger joint family setup to prioritize their individual desire over societal expectations
- They perceive FP/HTSP as largely women's domain leading to inadequate engagement on use of modern FP methods
- They have limited or incorrect knowledge of fertility and contraceptive methods
- FP methods and especially male methods are mired by misconceptions of loss of sexual pleasure or performance, and fear of side effects



Reinforcing Factors

- The patriarchal structure informs their notion of masculinity and sexuality early in adolescence
- Conditioned to perform more authoritative roles, they foster restrictive gender norms
- They experience pressure to prove their masculinity by having a child soon after their marriage or to have a second child if the first one is a girl child



Enabling Factors

- Lack of access to youth friendly FP services and credible sources of information
- Limited availability and awareness of SARCs and LARCs
- Lack of attention by policymakers on impact of adolescent fatherhood, unmet need for FP amongst married men or quality of FP services
- Recent shift towards encouraging male engagement in FP/HTSP is limited to their role as supportive partners and not necessarily as the end beneficiaries
- With female health workers as the primary source of information on FP/HSTP, the community health system inadvertently excludes men

Young Married Couples and First Time Parents, age 15-24 years

India has a culture of an arranged marriage setup by parents and family members. When majority of such marriages take place between adolescent or young girls and boys, there is little scope to build their emotional quotient for handling their relationships with their spouse or as is the case with girls, her in-laws. It is thus critical to look at how inter-personal dynamics of the couple, household norms and other relationship with the immediate health system impact their FP/HTSP behaviours.



Inter-spousal norms

- Face cultural, physical, and environmental constraints to discuss their individual desires and build their fertility intention
- Husbands consider FP as women's domain but retain the decision-making power on use of contraception
- The prevalent gender norm makes it inappropriate or unacceptable for women to initiate discussion on fertility or contraceptive adoption

- Couples' desire for success, to plan their family is deprioritized due to their inability to negotiate social and gender norms controlling their sexuality and fertility



Social norms

- Face cultural, physical, and environmental constraints to discuss and build their fertility intention
- Pressure to prove fertility, pressure for the second child if the first one is a girl or a pressure to complete desired family size
- Early childbirth and birth of a son is also seen by women to gain their husbands' trust and respect of their marital homes



Environmental factors

- Distanced from health system which could act as credible source of information on sexuality, fertility, and contraceptive use
- First pregnancy is the first opportunity when a young couple interacts with the health system
- Despite high uptake of MCH services very few couples are counseled on return to fertility or postpartum FP

Facilitating Factors to promote use of SARC/LARC amongst YMCs and FTPs

The findings from studies conducted by YUVAA suggest a desire among young couples for individual success, basic orientation on FP and universal knowledge of FP methods. These factors are leveraged by YUVAA SBCC to create positive disposition towards and FP/HTSP and build salience for SARC and LARCs.



Influencing Audiences

The household influencers and the service providers are identified as the influencing audiences for YUVAA.

Household Influencers

The influence exercised by household influencers especially mothers-in-law symbolizes the social and gender norms governing fertility choice of young couples.

- MILs subscribe to the patriarchal structure that values lack of agency and autonomy for women
- They control the day-to-day power dynamics of the household
- They want to control their DIL's mobility or access to information outside the house – peer network or health system for fear of the DIL getting influenced by her peers and deviating from 'acceptable' behaviour
- They experience a perceived pressure from the community for their young son and DIL to prove their fertility or have a male child

As learnt by the baseline survey there is an emerging trend of MILs wishing to be supportive of young couples' fertility plans and desire to space or delay pregnancy but fears social deviance from the accepted community norm. Thus, they continue to seek social validation through her son and DIL fertility.

Service Providers

The HTSP behaviours and contraceptive choices of young couples are influenced by the quality of care and services provided by health service providers. They are the critical link between the health system and end beneficiaries. Since the providers are a part of the same eco-system as that of their clients', their likelihood of encouraging use of modern contraceptives for YMCs and FTPs is guided by their personal beliefs and prevalent community norms. Additionally, they face many systemic challenges such as limited resources, insufficient training and supplies, and the burden of too many responsibilities.

Due to the prevalent provider bias they may negatively limit young couples' access and choice of modern contraceptives by:

- Not offering a particular method based on client's age, parity, marital status
- Making assumptions and failing to fully assess a client's needs and preferences³.

Providers may harbour belief that youth are less able to make their own decisions. This discourages a young couple to access FP service for fear of hostile treatment of youth, incomplete counseling, or judgmental expressions⁴. According to a study conducted under Urban Reproductive Health Initiative in Uttar Pradesh, India⁵, providers perceived many of their female clients as lacking decision-making power, thus they do not offer them information on FP.

Service providers desire to be acknowledged and respected equally by their peers and community members delivering a critical service in the community. The community too respects service providers and seek advice on multitude of health-related issues. Delivering health care services in the often stretched or sub-optimal circumstances, many healthcare providers do not see themselves as being biased. It is important that the demand generated for HTSP amongst the YMCs and FTPs is complemented with supportive health providers.

³ Solo, Julie, and Mario Festin. "Provider Bias in Family Planning Services: A Review of Its Meaning and Manifestations." *Global health, science and practice* vol. 7,3 371-385. 26 Sep. 2019, doi:10.9745/GHSP-D-19-00130

⁴ Starling S, Burgess S, Bennette N, Neighbor H. Literature review and expert interviews on provider bias in the provision of youth contraceptive services: research summary and synthesis. Watertown, MA: Beyond Bias, Pathfinder International; 2017.

⁵ Provider imposed restrictions to clients' access to family planning in urban Uttar Pradesh, India: a mixed methods study. Calhoun LM, Speizer IS, Rimal R, Sripad P, Chatterjee N, Achyut P, Nanda P *BMC Health Serv Res.* 2013 Dec 23; 13():532.

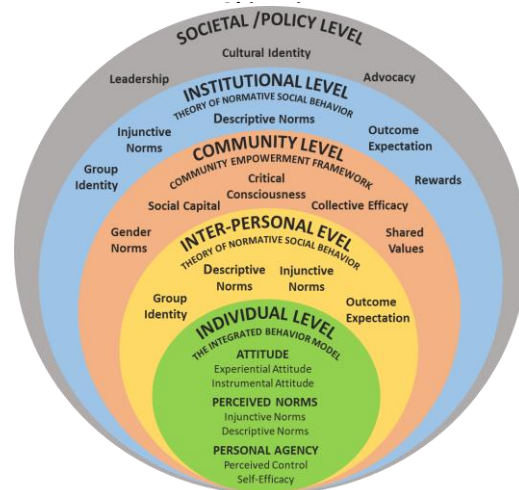
Chapter 4: SBCC Strategy Design

The SBCC strategy design draws strength from grounding in evidence through rigorous application of established theories of Social and Behaviour Change (SBC) using a gender and youth sensitive, rights-based lens to postulate the pathway for sustainable change and impact on adoption of Family Planning (FP) among Young Married Couples (YMCs) and First Time Parents (FTPs).

Theoretical Framework

The theoretical framework for the project is developed by applying individual, inter-personal, and group level theories of SBC at different levels of the **Social Ecological Model** (Figure 1). Communication objectives and behaviour change at the individual level (young women and men) are postulated using the **Integrated Behaviour Model (IBM)**. Decision making at the inter-personal level (young couples), and change in normative influences of key influencers at the household level (mothers and fathers-in-law, other family influencers) and facility level (service providers) is explained using the **Theory of Normative Social Behaviour (TNSB)**, whereas a **Community Empowerment Framework** is applied to theorize change at the community level.

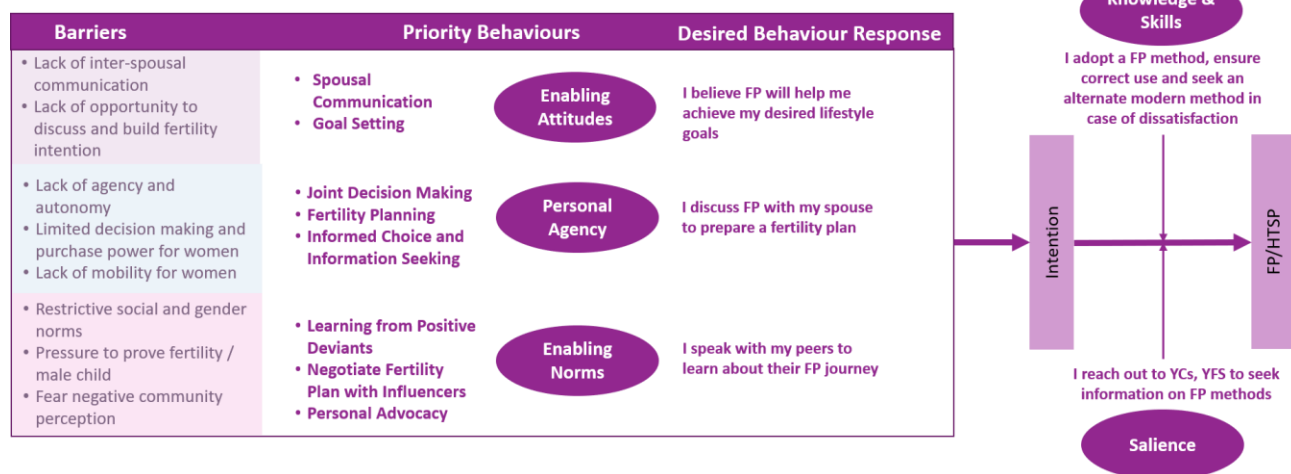
Figure 1: Theoretical Framework for YUVAA Project
Application of Theory to Identify Communication



Conceptual Framework for YUVAA SBCC Strategy

Building intention to adopt desired behaviours is the first step towards successful adoption of FP/HTSP. The formative studies conducted by YUVAA enlists the multitude of barriers faced by young married couples and first time parents. These are personal barriers, inter-personal or normative behaviours at the household and community level. Distance and lack of easy access to FP services also impact young couples' chances of accessing correct and credible information on contraceptive options for YMCs and FTPs.

Conceptual Framework for YUVAA SBCC Strategy



The YUVAA Conceptual Framework for SBCC prioritizes most critical barriers to address and facilitators to leverage to help build intention to adopt FP/HTSP behaviours. The communication intervention triggers intention by building enabling attitude towards FP/HTSP, supporting enabling norms at household and community level and empowering young women and men with personal agency to negotiate barriers and prioritize FP/HTSP.

The beneficiaries’ intention to act is supported by correct, credible information, knowledge and skills at key decision making points. The young couples actively seek opportunities to discuss, get counseling and access modern contraceptives for fulfill their fertility plans.

Priority Behaviours to Trigger Adoption of FP/HTSP by YMCs and FTPs

A set of priority behaviours are identified to help build intention to act and adopt modern contraceptives for FP/HTSP. These behaviours are mapped against each driver of intention to behaviour change – enabling attitudes, personal agency and enabling norms and triggers that further help translate intention to behaviour adoption.

The priority behaviours are identified for both individual level and household level behaviour change. The table below enlists these priority behaviours and communication objectives.

Behaviour and Communication Objectives for YUVAA – Individual Level

Behaviour Objectives	Priority Behaviours	Communication Objectives
Enabling Attitudes	Spousal Communication	Young couples engage in sharing their desires, aspirations and consider FP/HTSP is important in achieving their family goals
	Goal Setting	Young couples engage in discussing desired health and financial goals and believe FP/HTSP will yield beneficial outcomes for them and the family
Personal Agency	Joint Decision-making	Young couples foster a sense of partnership and openly express their desire to adopt modern contraceptives for FP/HTSP
	Fertility Planning	Young women and men discuss and build a fertility plan with their spouses and believe they can overcome potential barriers to adopt FP for HTSP
	Informed Choice	Young couples gain ability to discuss and choose a method suitable to their fertility plan

Behaviour and Communication Objectives for YUVAA – Individual Level

Behaviour Objectives	Priority Behaviours	Communication Objectives
Enabling Norms	Learning from Positive Deviants	Young couples observe and connect with positive deviants (couples and influencers) to learn about their experience with overcoming personal barriers and social norms to adopt FP/HTSP
	Negotiate Fertility Plan with Influencers	Young couples are empowered with right knowledge, skills and positive deviant stories from their community to enhance their ability to negotiate their fertility plans with influencers
	Personal Advocacy	Young acceptor couples share their experience of overcoming personal barriers and social norms to adopt FP/HTSP
Saliency	Information Seeking	Young women and men are confident in seeking comprehensive information on SARCs and LARCs for FP/HTSP
Knowledge and Skills	Adoption and Compliance	Young couples reach out to YCs / YFS to adopt a suitable SARC or LARC, seek support with compliance and advice on an alternate method if dissatisfied

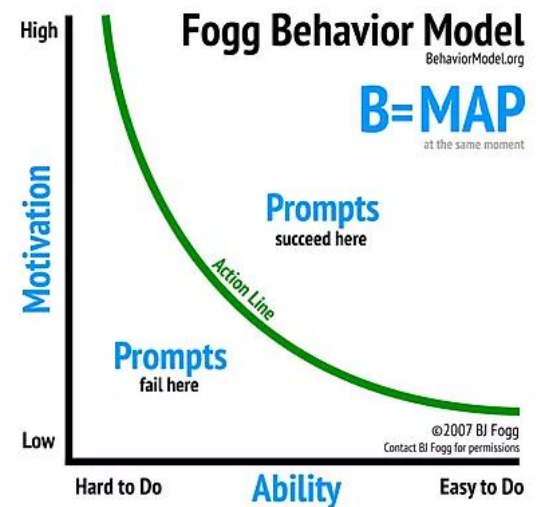
Behaviour and Communication Objectives for YUVAA – Household Level

Behaviour Objectives	Priority Behaviours	Communication Objectives
Enabling Norms	Support for inter-spousal communication and joint-decision-making	Household influencers believe inter-spousal communication for FP/HTSP is socially acceptable, will have substantive benefits, and support young couples' agency in adopting modern contraceptives for delaying or spacing
	Learn from positive deviants	Household influencers observe and connect with other households supporting inter-spousal communication and adopting FP to practice HTSP
	Personal Advocacy	Household influencers share their experience of overcoming fear of social deviance to support modern contraceptive adoption by young couples to practice FP/HTSP

Operational Framework for YUVAA SBCC Strategy

YUVAA utilizes **Foggs Behaviour Model (FBM)** to operationalize its SBCC strategy. The FBM model guides YUVAA to design its messaging strategy and intervention modalities by converging motivation, ability and prompt to practice FP/HTSP by young couples. This is done by:

1. Building **Motivation** by supporting favorable change in:
 - ✓ Sensation/Affect (Experiential Attitude): Promote FP/HTSP as a lifestyle decision
 - ✓ Anticipation (Instrumental Attitude): Simulating positive impact of FP/HTSP on social, health and financial outcomes
 - ✓ Social Belonging: Promoting FP/HTSP as the new, emerging norm adopted by successful couples
2. Increasing **Ability** by:
 - ✓ Reducing barriers: Environmental constraints to adoption of FP/HTSP
 - ✓ Reducing mental effort: Enhanced knowledge and skills to make an informed choice
 - ✓ Enhancing personal agency: Self-efficacy to adopt FP/HTSP
3. **Prompts** to trigger individuals to transition from intention (motivation + ability) to behaviour adoption through:
 - ✓ Social salience cues: Community support for adoption of FP/HTSP by young couples
 - ✓ Individual salience cues: Promise for individual and joint success
 - ✓ Prompts to Action: Connect young couples to service delivery points



Chapter 5: Message Design

YUVAA messaging strategy utilizes facilitating factors and addresses barriers to behaviour adoption for each set of audiences. Messages are designed to communicate the core positioning statement:

“Use of modern contraceptives for healthy timing and spacing of pregnancy is a safe and effective way to ensure protection against unplanned pregnancy”.

As part of the message design, key behaviour outcome, benefit statement, and key messages are articulated for each of the priority and influencing audiences. The message design helps develop content for SBCC interventions targeted at audience groups.



Currently Married Women (P0, P1)

Behaviour Outcome	Young women adopt modern FP method for ensuring HTSP
Key Benefit Statement	If you use modern contraceptives for healthy timing and spacing of pregnancy, you will ensure positive health and financial outcomes for yourself, your spouse, and your children.
Key Messages	<ul style="list-style-type: none"> - Take one step at a time, delay first child till you settle in your new family or space second child till the first one starts going to school - Discuss your fertility intentions with your spouse to ensure well timed and planned pregnancies for positive health and financial outcomes - Modern contraceptives are safe and effective - There are other women like you who are successfully using modern contraceptives - You can choose from more than one SARC/LARC methods as per your fertility plan - Seek counseling from YC and/or YUVAA Service Provider to gain comprehensive information on SARCs and LARCs - Consult your YC or YUVAA doctor in case of any side effects
Desired Response	<p>CMW P0: <i>“I would like to enjoy my early months of marriage, strengthen our relationship and be emotionally and physically ready before we welcome our first child in our lives”</i></p> <p>CMW (P1): <i>“I would like to nurture my child, ensure adequate care and resources. I do not want to plan another child before I am physically ready and my first child starts going to school”</i></p>



Currently Married Men (P0, P1)

Behaviour Outcome	Young men adopt modern FP method for ensuring HTSP
Key Benefit Statement	If you use modern contraceptives for healthy timing and spacing of pregnancy, you will ensure positive health and financial outcomes for yourself, your spouse, and your children.
Key Messages	<ul style="list-style-type: none"> - Your wife is your friend and companion for life, help her settle in the new family/ her new role as a mother - Encourage her to discuss her fertility intentions to ensure well timed and planned pregnancies for positive health and financial outcomes - Modern contraceptives are safe and effective - There are other men like you who are successfully using modern contraceptives - You can choose from more than one SARC/LARC methods as per your fertility plan - Seek counseling from YC and/or YUVAA doctors to help identify a suitable method
Desired Response	<p>CMM P0: <i>"I would like to enjoy my early months of marriage; help settle my wife in our home and be emotionally and financially ready before we welcome our first child in our lives"</i></p> <p>CMM P1: <i>"I would like to nurture my child, ensure adequate care and resources. I do not want to plan another child before my wife is physically ready, I am emotionally ready and my first child starts going to school"</i></p>



Young Married Couples and First Time Parents

Behaviour Outcome	Young couples engage in interspousal communication for FP/HTSP
Key Benefit Statement	If you use modern contraceptives for healthy timing and spacing of pregnancy, you will ensure positive health and financial outcomes for yourself, your spouse, and your children.
Key Messages	<ul style="list-style-type: none"> - Enjoy your initial months of marriage/parenthood, share your dreams, aspirations - Discuss your fertility intentions and build a fertility plan - Share information on SARCs and LARCs with spouse - There are other couples like you who are able to successfully overcome restrictive community norms to adopt FP/HTSP - Negotiate your fertility plan and choice of contraceptives with household influencers - Seek counseling on SARCs and LARCs with Yuvaakaars and YUVAA doctors

- Support each other in successful adoption of the chosen method or seek an alternate method

Desired Response *“Together we will build our fertility plan, adopt a suitable SARC/LARC method and ensure consistent use so we can fulfil our aspirations of adequate health, financial resources, and success for ourselves and our children”*



Household Influencers

Behaviour Outcome **Household Influencers encourage interspousal communication by YMCs/FTP for adoption of FP/HTSP**

Key Benefit Statement If you support use of modern contraception for FP/HTSP by your son and DIL, you will be blessed with a healthy grandchild and adequate household resources for her/him

- Key Messages**
- Share your wisdom and lived experiences of marriage, childbirth, and childcare with your son and DIL
 - Healthy timing and spacing of pregnancy will ensure a healthy child and mother; it will also ensure adequate resources for the right nurture and care for the child
 - Support your son and DIL’s fertility plans and use of contraception
 - There are other heads of household who support FP/HTSP behaviour for young couples in their homes and community

Desired Response *“I will support my son and DIL’s fertility decisions to ensure health and happiness of the younger generation”*



Service Providers

Behaviour Outcome **Service providers encourage adoption of modern contraceptives by YMCs/FTP for ensuring HTSP**

Key Benefit Statement If you provide unbiased FP/HTSP counseling and services to adolescent and young couples, you will be respected by your medical fraternity and community

- Key Messages**
- Be compassionate towards needs and desires of married adolescent and young couples who depend on you to provide correct advice on FP/HTSP
 - Learn about SARCs and LARCs and provide unbiased information to your clients
 - Help couples build their fertility plan and decide a suitable method
 - Inform them of correct use, dosage, and possible side effects
 - Ensure regular follow-up with your clients to gauge satisfaction with the method or suggest an alternate method
 - Encourage other members of your fraternity to overcome their biases against use of FP/HTSP by adolescent and young couples

Desired Response *“It is my responsibility to counsel my young clients on FP/HTSP without any bias to help them achieve their dreams. I will also encourage members of my fraternity to follow suit”*

Chapter 6: Creative Strategy

YUVAA communications are packaged under an umbrella theme to ensure synergy across all project interventions. The theme encapsulates beliefs and ideas valued by the beneficiaries to ensure relatability and desire to be associated with the project and its offering. The messaging design focusses on each set of audiences and delivers the creative theme to the end beneficiaries.

Overarching Communication Theme for YUVAA

The overarching communication theme is finalized post pre-testing with the end beneficiaries. Two options were pretested – *Safal Couple* and *Bachchon Wali Baat*. Branding logo, tagline, concept boards and jingles were used as stimulus to gauge:

- Appeal, engagement, comprehension, relevance, retention and acceptability of theme
- Assess successful delivery of key messages and call to action

The pre-test findings scored *Safal Couple* creative theme over *Bachchon Wali Baat*. *Safal Couple* captures beneficiaries' sentiments as it focuses on their desire to be successful, both individually and as a couple. The theme speaks about a progressive partnership between husband and wife, an image the couples are regularly exposed to in the TV serials and online media.

Safal Couple theme is supported by the tagline '*Soch mile, Jodi khile*' or a couple prospers only when their beliefs and ideas are aligned with each other. The theme builds upon young couple's aspiration to actively seek success in life and connects this desire to spousal communication, mutual respect, joint decision making and a sense of partnership as pathways to achieve their goals.



The visual representation of the *Safal Couple* logo and baseline is vibrant and dynamic to speak to the sensibilities of a young audience. It connotes modern aspirations while it remains grounded in the audience's environment.

Operationalizing *Safal Couple* Theme

Safal Couple theme highlights role of inter-spousal communication and joint decision-making to achieve success for beneficiaries as individuals, couples and as a family. The theme provides an open space for couples to express and share their desires and arrive at a common vision for their future. This sense of partnership empowers couples to overcome personal barriers, negotiate social and gender norms and enhance their ability to seek FP services.

The concept expands to a diverse range of SBCC content deployed through different channels to YMCs/FTPs. *Safal Couple* messages trigger inter-spousal communication on areas critical to achieve desired success such as FP/HTSP, comprehensive knowledge of modern FP methods, social and gender norms, importance of health, role of each partner in the relationship, sexual intimacy, importance of financial planning.

Creating branded properties

Safal Couple theme is extended to create branded properties for various SBCC channels deployed by YUAA SBCC interventions.



Yuvaakaar

The YUVAA Corps conduct homebased counseling for beneficiaries and group meetings in the village with CMWs, their husbands and MILs. The YUVAA Corps or YCs are called *Yuvaakaar* – or the one who shapes a young couple. The *Yuvaakaars* act as agents of change in the community who drive young couples to the path of becoming *Safal Couple*.



Hello Safal

Gram Vani or mobile phone-based community radio is the lead media channel for SBCC intervention. The platform is branded as *Hello Safal* to establish connect with *Safal Couple* theme and mobile phone as the medium.

Chapter 7: Implementation Framework

YUVAA project is being implemented in five districts each in Bihar and Maharashtra. The SBCC strategy is rolled out in two phases. In the first phase, the SBCC intervention was launched in one district each in Bihar (Nalanda district) and Maharashtra (Satara district) to field test the strategy. The intervention was scaled up to all 10 districts towards the end of 2020. This chapter details out the implementation strategy for YUVAA intervention.

SBCC Channels and Intervention Design

YUVAA SBCC intervention follows a community-based approach where focused interventions are designed to affect behaviour change amongst specific target groups. All communication is branded with the creative theme – *Safal Couple* to ensure synergies across interventions. Homebased inter-personal communication and counseling by Yuvaakaars is the centerpiece of the intervention. This is supported by community mobilization activities, community radio and digital interventions. Advocacy strategies are implemented to engage with facility-based service providers to ensure availability of youth friendly services.

Creating Brand Equity for Safal Couple and Yuvaakaars

An overarching branding is developed to provide a common platform for all SBCC and advocacy activities. It consists of ‘*Safal Couple*’ brand name, ‘*Safal Couple*’ brand logo and a tagline ‘*Soch mile, Jodi khile*’. The identity ties-in all SBCC strategies together and stands for quality youth-friendly family planning services, connects demand generated for FP/HTSP to YUVAA services and resonates with dreams and aspirations of young married couples in Bihar and Maharashtra.

Similarly, the YUVAA Corps are provided a distinct identity – Yuvaakaar or the one who gives ‘aakar’ to ‘*yuvaa*’⁶. This helps the community build association between the YUVAA project and Yuvaakaars.

Description	Role of Intervention	Level of Intervention	Target Group
Brand logo, positioning statements	<p>Create value proposition and equity for project activities</p> <p>Create synergy between SBCC interventions with service delivery points – Yuvaakaars and YUVAA Clinics</p>	Individual, Interpersonal, Community and Institutional Level	YMCs, FTPs, Influencers, Community



Interpersonal Communication and Counseling (IPC/C)

The homebased communication and counseling by YCs are the lead SBCC channel with other channels playing a supporting role. The Yuvaakaars conduct home visits and counsel beneficiaries based on persuasion and information needs defined by their psycho-behavioural segment.

⁶ *Aakar* is means shape in English and *yuvaa* means youth in English.

Description	Role of Intervention	Level of Intervention	Target Group
Home-based counseling conducted by Yuvaakaars with CMW and their husbands (P0, P1, 15-24 years)	<p>Easy access to FP counseling and services to YMC and FTP</p> <p>Need-based counseling tailored to address specific personal, household and gender barriers</p> <p>Build knowledge and skills of YMC and FTP to identify, adopt a modern method</p> <p>Opportunity for follow-up to support consistent use of method or chose an alternative</p>	Individual Level	YMCs and FTPs

Separate counseling sessions are conducted with women and men to address individual barriers and with couples to trigger spousal communication and joint decision. The YCs provide comprehensive information on the method mix to beneficiaries and help them make an informed choice of a contraceptive method. YCs conduct regular follow-up with acceptor couples to ensure proper dosage, gauge satisfaction levels with the current method, help manage possible side effects and suggest another method or refer to a network doctor to ensure continued protection against unplanned pregnancies.

Community Mobilization

Community mobilization activities led by YCs focus on addressing community norms pertaining to fertility, women’s agency and autonomy, community perception on use of modern contraceptives, spousal communication and enhancing access to youth-friendly FP services. The mainstay of this intervention is group meetings or community meetings conducted by YCs with groups of married women (15-24 years), married men (15-24 years) and mothers-in-law of married women (15-24 years). Additionally, existing platforms such as facility-based service delivery initiatives (RI days, ANC days, MCH days etc.) and community-based platforms like VHSND and SHG are leveraged to promote acceptance of FP/HTSP behaviours by young married couples. On-ground events are conducted to build equity for *Safal Couple* theme and *Yuvaakaars*, to amplify community level discussion on importance of FP/HTSP and acceptance of delaying (P0) and spacing (P1) as a new emerging norm in the community.

Description	Role of Intervention	Level of Intervention	Target Group
<p>Community meetings with groups of CMWs, CMM and MILs</p> <p>Leverage existing facility and community-based platforms</p> <p>On-ground events</p>	<p>Generate community-level dialogue to support HTSP as a desired behavior for YMCs and FTPs</p> <p>Address social and gender norms to promote women’s and couples’ agency and autonomy to plan pregnancy and use modern contraceptive</p> <p>Create influential peer networks to affect positive shift in injunctive norms and perceived gender norms</p>	Interpersonal, Community Level	YMCs, FTPs, Household Influencers, Community

Group Meetings with CMW and their husbands

The intervention is designed to encourage an open dialogue on the importance and benefits of FP/HTSP. The meeting provides a platform for young boys and girls to express and share their dreams and aspirations with their peers. The discussions on pathways to achieve these aspirations focuses on ensuring HTSP by

adopting a safe and effective modern SARC/LARC method. Beneficiaries observe, interact, and learn from acceptor couples and their FP/HTSP journeys. This cross-learning fosters a sense of group identity and helps develop critical consciousness among beneficiaries. It helps address perceived norms, reduce sense of social deviance, and build personal agency for young girls and boys to adopt FP/HTSP.

- YCs use digital job aids to provide simulation on cause-and-effect relationship between importance of planned pregnancy and positive health and financial outcomes for self, spouse, child/children, and the family unit; and inversely the negative outcomes caused by poorly planned and spaced pregnancies
- Beneficiaries discuss social and gender barriers in expressing their fertility intentions or seek FP services
- Beneficiaries learn ways to negotiate these barriers from their peers as they share their past learning and observations with the group

Group Meetings with Mothers-in-Law

The group meeting with MILs promotes their role as supporter of inter-spousal communication and adoption of FP/HTSP. The discussion challenges the need for MILs to seek social validation through their son and DIL's fertility at the cost of negative outcomes for the married couple. The group meeting is a platform for them to engage with other MILs in the community to share their perspectives on fertility, childbirth and importance of HTSP for young couples. The intervention celebrates the emerging trend of MILs accepting young girls' right to use contraceptives.

- YCs use interactive and digital aids to simulate harmful effect of early childbirth, frequent pregnancies and the critical role played by MIL in influencing these outcomes
- They facilitate reflection upon MIL's own lived experiences and desire to have greater control over their reproductive choices
- Discussion on social and gender norms highlight their role in empowering young couples to make right reproductive choices despite social pressure
- MILs learn from other household influencers who support their son and DIL fertility choices
- Key opinion leaders are invited to build community support for FP/HTSP and identify local level solutions to increase access to FP services for young couples

Leverage existing facility and community-based platforms

YUVAA leverages existing community platforms where women interface with the health system such as VHND⁷, Routine Immunization Day, ANC days, etc. During VHND, community members, generally women gather at the Anganwadi Center (AWC) to access basic services and information. The platform provides for an opportunity to build salience for post-partum FP among the target group who otherwise may experience lack of mobility to reach out to the health system. Engagement with these platforms position YCs as part of the health system in the village, ensure FP/HTSP for YMCs and FTPs remains a priority topic and gain support of KOLs and community members.

⁷ According to YUVAA baseline survey, 76% CMW would feel comfortable in receiving family planning services during women gatherings that happen once in a month in community (VHNDs) (Bihar: 71%, Maharashtra:81%)

- YCs setup a *Safal Couple* corner at community events where they counsel and refer beneficiaries to network doctors and sell OTC contraceptives
- The YCs map their catchment area to develop a schedule for the activity
- YC interact with Self-Help Groups (SHGs) and seek their support in mobilizing community during group meetings, include FP/HTSP for delaying and spacing practices as a priority topic during village level meetings

On-ground events

Strategic mid-media campaigns are implemented to increase demand for family planning services and build equity for YUVAA, *Safal Couple* theme and YCs in the community. The campaign complements YC interventions, drives audience to *Hello Safal* IVRS platform. The SBCC content developed aims to increase knowledge, awareness and skills among YMCs and FTPs for accessing family planning products and services. Additionally, the engagement highlights salience of FP/HTSP in the context of Covid-19 and promote CAB (Covid Appropriate Behaviour) while seeking family planning services.

A total of 450 high priority villages are identified across both Bihar and Maharashtra. The activity is implemented in three phases –

- **Pre-buzz stage**—The mid media team goes to target villages a couple of days in advance to distribute tickets for the mid media van show to YMCs and FTPs mapped by YCs during consumer mapping. The tickets are also handed over to mother-in-law and other eligible young couples in the village. Furthermore, outdoor digital wall painting is done in the villages to create curiosity among the target audience.
- **Event Day**—The mobile van designed for campaign is stationed in the villages and conducts multiple shows. During the show, innovative communication tools such as interactive games, VR glass and talking mannequin offers a once-in-a-lifetime experience for the audience. This ensures higher retention of the activity and, communication theme and messages. Souvenirs like night glow calendars are distributed to participants along with *Safal Couple* branded masks and sanitizers. Special shows are conducted to engage young married males at the market place.
- **Follow-up rounds** – Social media platforms such as Facebook and YouTube for follow-up rounds. Customized Facebook and YouTube pages are used to engage the target audience and push the messages through audio-visual props. SMSs are sent as reminder medium to promote *Hello Safal*.



Digital Media

YUVAA follows a digital first approach to provide targeted communication to its beneficiaries. Innovative solutions identified for YUVAA digital media strategy include Gram Vani, an IVRS based digital platform and use of mobile phones for Short Message Services (SMS), Outbound Dialing (OBD), IVRS and engaging audio visual SBCC material shared over WhatsApp for smartphone users.

Gram Vani or Hello Safal

Gram Vani branded as *Hello Safal* is an IVRS-based digital platform which can be accessed by beneficiaries using their mobile phones.

Description	Role of Intervention	Level of Intervention	Target Group
Audio episodes on Gram Vani	Establish thematic connect with target group Catalyze discussion, learning and personal reflection Build enabling attitude and salience for FP/HTSP	Individual, Interpersonal Levels	YMCs, FTPs

Hello Safal, is an automated IVR platform with an aim to address persuasion and information needs of the beneficiaries. The platform acts as a supportive medium that help build intention to behaviour adoption by reinforcing key message delivered by YCs during homebased counseling and community meeting.

- The platform hosts theme-based audio content on creating enabling attitudes towards FP/HTSP, agency and autonomy for women, spousal communication, creating enabling norms, salience for FP and building knowledge and skills to enable adoption of modern contraceptives
- Encourages young couples to engage on topics such as family planning, financial planning, health management and relationship management
- The content is engaging and youthful to speak to the sensibilities of a young audience
- *Hello Safal* is easily accessed by beneficiaries at their own convenience



The unique number #92505 00111 (Hindi) & #92505 00444 (Marathi) and *Hello Safal* branding is promoted in all SBCC interventions to raise awareness and drive traffic to the platform.

Mobile Phone Intervention

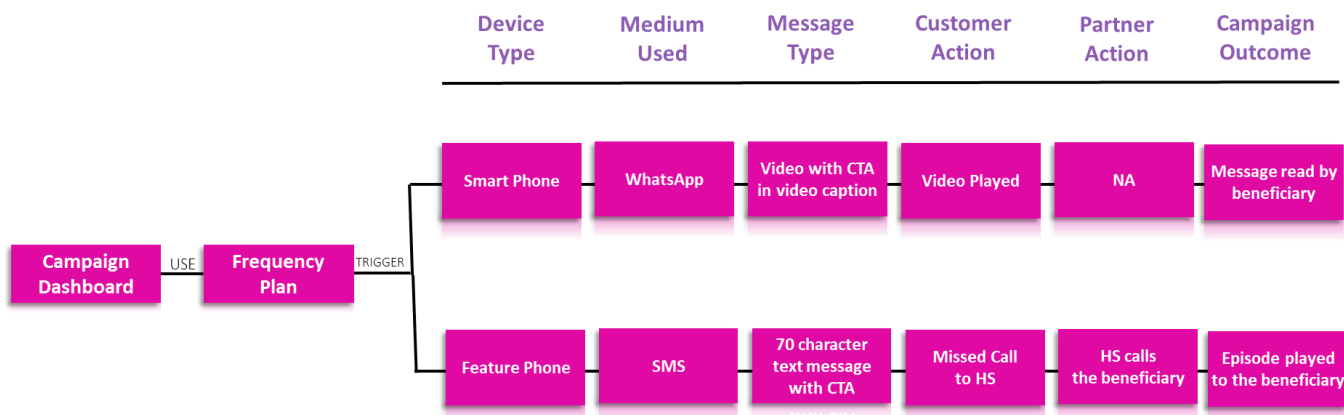
Mobile phone intervention reaches out to both feature phone and smart phone users using a mix of OBD, SMS and WhatsApp. While WhatsApp users are sent audio or video content directly on their phones, the smartphone users are sent SMSs prompting them to access content on *Hello Safal* platform. The message content provides cues to action for encouraging spousal communication on FP/HTSP, seeking comprehensive information on SARC/LARC methods and ensuring compliance with the chosen method.

Description	Role of Intervention	Level of Intervention	Target Group
Mobile phone intervention	Disseminate custom message according to the beneficiary's segment identified by Camber Analysis Trigger spousal communication Narrowcasting and sharing of persuasive and informative material in the community Facilitate post adoption support	Individual, Interpersonal Levels	YMCs, FTPs, Service Providers

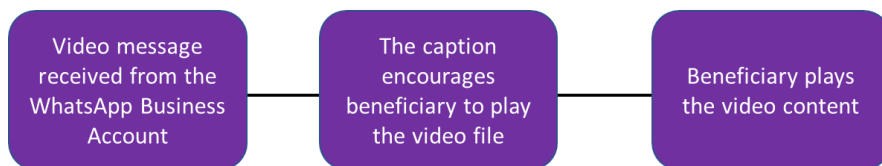
WhatsApp Intervention for Smartphone Users

Smartphone users receive audio and/or video content with CTA directly on their phones. A WhatsApp Business account is created which enables a two-way communication. A response management process

Mobile Intervention Overview

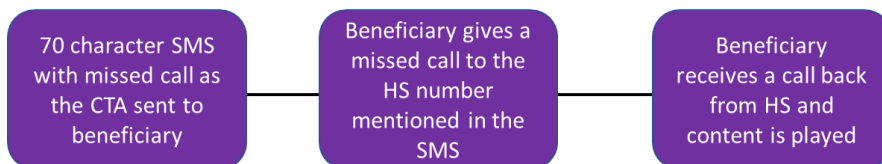


is designed such that the beneficiaries’ queries and comments are shared with the YCs mapped to the beneficiaries.



SMS Intervention for Feature Phone Users

Feature phone users receive SMSes on their phones with CTA to access content on *Hello Safal* platform. The beneficiary is encouraged to give a missed call to *Hello Safal* number provided in the SMS. A call-back is triggered to the beneficiary from *Hello Safal* and the relevant content is played.



Digital Media Dissemination Plan

YUVAA digital intervention provides a unique opportunity for mass targeting of messages to its beneficiaries. The audience segmentation tool was used to categorize beneficiaries into specific psycho-behavioural segments and create a database of beneficiaries. This data was further processed to create messaging cohorts depending upon the beneficiaries’ segment, location, gender and device type.

Frequency plan guided by Audience Segmentation



The final frequency plan for each data cohort is based on:

- Priority content identified for the beneficiary segment and gender
- Frequency of messaging depending on alignment to YUVAA goals – the least aligned cluster receives a higher frequency of messages and the most aligned cluster receives lesser frequency
- Location of the beneficiary – beneficiaries in Bihar receives Hindi content and those in Maharashtra receive Marathi content
- Kind of device owned by the beneficiary – smartphone users receive WhatsApp messages and those with feature phones receive SMSs

The beneficiaries are exposed to 12 *Hello Safal* episodes and 6 digital films during a 13-weeks messaging campaign cycle.

Advocacy with Service Providers

The SBCC intervention include supply side activities like provision of youth-friendly services and counselling provided by network doctors. The SBCC content is designed to extend *Safal Couple* brand experience to network clinics. This helps build brand salience for *Safal Couple* and connect demand generated to the services. The set of branded content includes on-site or in-clinic branding elements such as

Description	Role of Intervention	Level of Intervention	Target Group
Online certificate courses and networking events for sensitizing service providers	Mobilize service providers to support FP/HTSP choices of YMCs and FTPs without provider bias Gain commitment of service providers to deliver youth friendly services Felicitate supportive providers within the local health ecosystem	Institutional Level	Service Providers

Safal Couple Corners at the network clinics, placement of visual cues like wall chart with SARC and LARC methods and posters at high visibility areas to prompt eligible couples to seek information on *Safal Couple* and suitable contraceptive methods, counseling tools for doctors; and branded stationery for doctors like prescription pad, stationery to enhance association with *Safal Couple*.

Knowledge exchange forums and sensitization meetings are conducted to address provider bias and ensure provision of youth friendly family planning services. YUVAA also repurposed and upgraded 'Family Planning APP' developed by Pathfinder International by collaborating with Manipal Technologies. The revised mobile application has a module on youth friendly FP counselling and services. The mobile application is used by service providers as a digital job-aid for counseling beneficiaries on FP/HTSP.

Approach to Content development

The segmentation study provides an in-depth understanding of beliefs and attitudes of beneficiaries towards FP for every segment. These learnings help develop tailored content for SBCC interventions to go beyond generic messaging and maximize impact of each beneficiary exposure to YUVAA activities.

Five different types of content is developed based on recommendation of the study:

- A To build salience for FP/HTSP**
- B Build agency for women by promoting spousal communication and joint decision making**
- C Informative material to facilitate comprehensive understanding of SARCs and LARCs**
- D Testimonials to elevate positive deviant voices**
- E Encourage goal setting and fertility planning**

Persuasive and informative content is developed for each of these content types.

- Content types A, B and C focus on building positive attitude towards FP, enhancing women's agency by promoting spousal communication on FP and joint decision making, and empowering young couples with comprehensive information on SARCs and LARCs to help them make an informed choice.
- Content type D addresses perceived norms by promoting HTSP choices and positive outcomes experienced by acceptor couples within their community
- Content type E focuses on developing life skills of young couples to help build a fertility plan and identify a suitable contraceptive method of their choice

Every communication material has a specific cue to action, i.e., encourages couples to connect to YUVAA information sources, reach out to YCs, YUVAA Network Clinic for FP counseling and uptake of a modern contraceptive method. ~~Opportunities are identified to also build in strategies to administer a post assessment element to gauge message comprehension and intention to perform behaviours promoted.~~

Impact of COVID-19 on YUVAA SBCC Strategy

The YUVAA SBCC framework was designed to create engagement opportunities for YCs with YMCs and FTPs through IPC/C and other community-based activities, and the mobile based intervention to support YC activities. It was planned to launch the intervention through a mid-media campaign to establish *Safal Couple* theme and village level YC in the community.

On the cusp of launching field activities YUVAA was faced with an unprecedented challenge arising out of COVID-19 pandemic. The uncertainty of the situation implied there was a need to:

- Re-think and re-structure key activities
- Reassess role of mobile phone intervention and *Hello Safal* (Gram Vani)
- Reassess if other digital channels could be leveraged further

The considerations which needed to be addressed were:

1. Messaging related

- Does YUVAA need to alter its message plan to address high level of fear, uncertainty and urgent need to adopt new behaviours to protect themselves from COVID-19
- How can YUVAA communicate importance of family planning and sustained use of modern contraceptives despite COVID-19
- How can YUVAA promote urgency to adopt modern contraceptives as means to keep themselves and their families protected against unplanned pregnancy
- Inclusion of Covid Appropriate Behaviours in YUVAA communication material

2. Communication channel related

- How can YUVAA operationalize YC activities remotely and establish a line of communication and trust with beneficiaries
- Which activities (if any) can be implemented or revised while adhering to physical distancing guidelines
- How can YUVAA leverage mobile phone and *Hello Safal* to amplify project activities for both feature phone and smart phone users
- Which digital channels, other than the ones already identified by YUVAA, were available for YCs to reach out to their beneficiaries

Post COVID-19 SBCC Strategy

The SBCC intervention design was tweaked to leverage penetration of mobile phones in the community and adapt the existing SBCC content to be delivered remotely using digital channels. This largely had implications for *Safal Couple* launch and inter-personal communication and community-based activities conducted by YCs.

Safal Couple Launch

The activities planned for launch event were suspended in accordance with COVID-19 protocol. The SBCC materials developed for the launch were adapted into a digital welcome kit to introduce the beneficiaries to *Safal Couple* concept, Yuvaakaars and YUVAA project. This kit was shared with beneficiaries via WhatsApp and *Hello Safal*.

Tele-counseling by YCs

YC introduction and IPC/C activities were operationalized through tele-counseling services. The YCs connected with their beneficiaries via a telephonic conversation to introduce YUVAA program, *Safal Couple* concept and establish a connect with their beneficiaries. Considering a relatively shorter attention span over a tele-counseling session, cue cards were developed to assist YC identify the topics to be covered

during the session. Adapted script support was also available for YCs for both introduction and tele-counseling sessions.

SBCC content

The SBCC content was modified to highlight:

- Urgency for spousal communication and adoption of a suitable modern contraceptive method during the pandemic, in consultation with the YCs and or YFS
- Importance of consistent use of contraceptive method to stay protected against unplanned pregnancy during the pandemic
- Support adoption of COVID-19 related behaviours by generating awareness regarding personal and hand hygiene behaviours at the individual & household level and importance of wearing masks and use of sanitizers while venturing out in the community or to the facility to access family planning services
- Doorstep delivery service by YC as planned by YUVAA to ensure easy access to modern contraceptives

Program Partners and Responsibilities

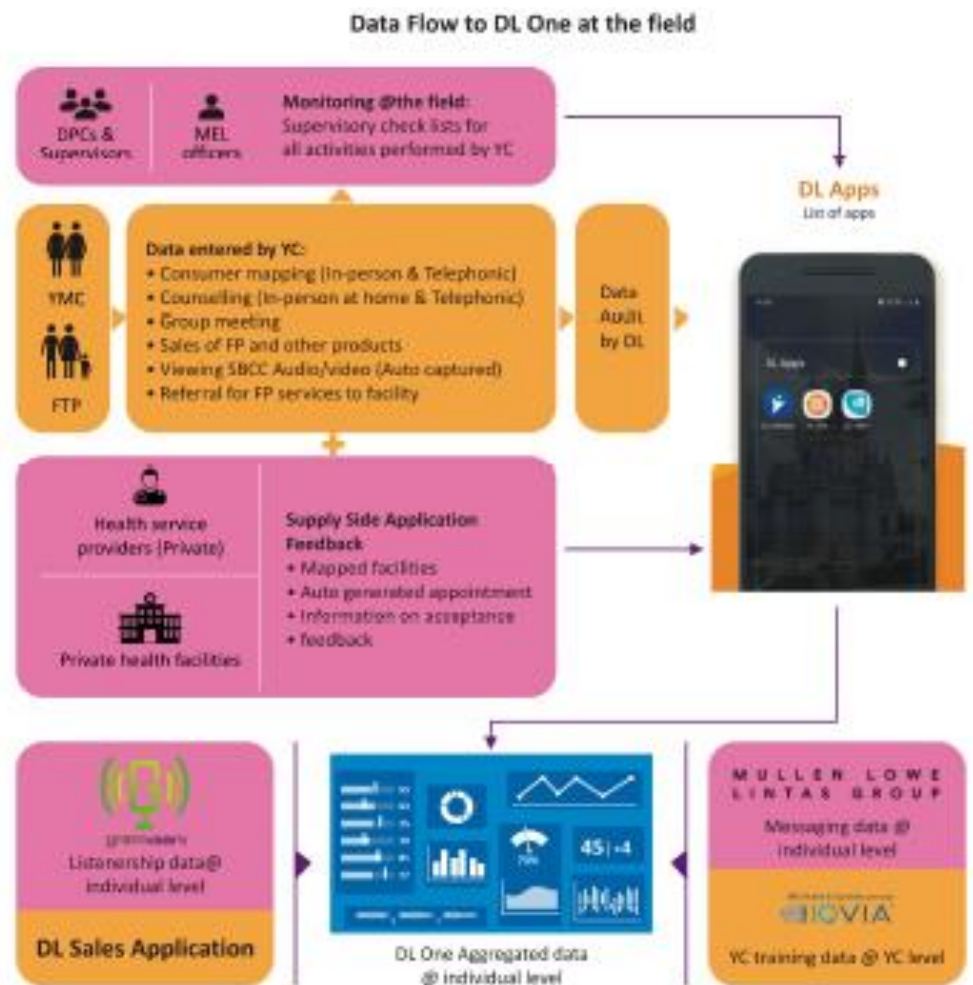
The YUVAA SBCC strategy is implemented by a consortium led by Pathfinder International and supported by Dalberg, Camber Collective, MullenLowe Lintas, DharmaLife, IQVIA and REACH India. **Pathfinder International** leads the project management and deployment of YUVAA project. **Dalberg** provides strategy support for the overall program and development of MEL and MIS framework. **Camber Collective** conducted advance audience segmentation analysis to arrive at beneficiary personas that helped create a nuanced SBCC strategy for YUVAA. **MullenLowe Lintas** is responsible for developing overall SBCC strategy, communication materials and implementation of the digital and mobile phone intervention. **DharmaLife** manages the social entrepreneurial strategy implemented via cadre of YCs, which includes YC recruitment, training and implementation of homebased counseling, community meetings and other community mobilization activities led by YCs. **REACH India** provides HR management service to the program. **IQVIA** is responsible for developing the training strategy and curriculum for training YCs on family planning and HTSP behaviours.

Chapter 8: Monitoring, Evaluation and Learning Plan

A sophisticated monitoring, evaluation and learning (MEL) framework is developed for YUVAA project to track progress against the Primary Objective 1 - Increased uptake of modern contraception among married couples and first-time parents (15-24); as articulated in the Theory of Change document. A robust monitoring system captures demand side intervention through DL trac, supply side intervention through Pathfinder MIS, SBCC intervention through Gram Vaani MIS and overall YUVAA MIS captures data on provider counselling, YC counselling and periodic quality check.

YUVAA MEL Framework

The MEL framework enables data-driven decision making for all program processes, including SBCC. The communication activities are closely monitored, reported using digital formats and processed by the central MIS system developed under DHIS 2 platform. Data from program partners – Dharma Life, Gram Vani and MullenLowe Lintas on key input, process and output indicators is displayed on the YUVAA MIS dashboard. This enables triangulation of data to understand program effectiveness, support real-time feedback, timely adaptation and course correction. The approach also facilitates informed decision for taking SBCC activities to scale.



Learning and Evaluation Plan

At the start of the project, YUVAA had outlined a set of learning questions based on the project design and expected outcomes. These were –

- **Learning question 1** – How has the YUVAA model influenced contraceptive use among targeted YMCs/FTPs?
 - How were YUVAA interventions implemented and adapted over time from original project design? What lessons were learned from feedback loops and how was it used to adjust program implementation?
 - Have targeted YMCs had access to a full method choice?
- **Learning question 2** – Can a social entrepreneurship model deliver favourable shifts in attitudes and behaviours of young married couples towards family planning and healthy timing and spacing?
- **Learning question 3** – Can a social entrepreneurship model deliver favourable shifts in perceived gender and social norms towards family planning and healthy timing and spacing among young married couples?

A set of Research Framework and Result Tracking (RFRT) indicators were identified to answer these learning questions. These indicators are used to track uptake of FP services and products, shift in attitudes, social and gender norms, personal agency and autonomy that enables successful adoption of FP/HTSP by young married couples and first time parents.

The YUVAA evaluation plan is divided in three major components – Baseline survey, Rapid Survey and an Endline survey. Main indicators identified for success of the project are:

- Increase in intent to use FP method amongst the target group
- Increase in access to youth friendly services for FP
- Improved and empowered decision making on family planning amongst young couples
- Change in perceived norms regarding FP amongst key stakeholders



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